

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 323-0282



February 27, 1986

ALL-COUNTY LETTER NO. 86-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: REVISED ASSISTANCE CLAIMING INSTRUCTIONS FOR ASSISTANCE PAYMENTS
THAT INCLUDE COUNTY EXCESS

The purpose of this letter is to issue revised claiming instructions for assistance payments that include county excess. County excess is that portion of a payment that is not eligible for federal and/or state participation. Examples would be instances in which the county is paying above the maximum aid payment (MAP) level for an Aid to Families with Dependent Children (AFDC) case or in the case of foster care, the county is paying an amount above the state set rate and the additional amount is not for basic costs. In either instance, the additional amount is not eligible for federal and/or state funding.

Any payment that includes county excess may be handled in one of two ways. It is the county's option to choose the method that best suits their claiming system.

Option 1

County excess may be paid out of county only funds, written on a separate warrant, and not reflected on the payroll and/or the summary documents.

Option 2

The counties may write a single warrant, but must clearly identify on the payroll for each case the amount that is federal and/or state reimbursable and clearly identify the portion of the payment that is county excess on the payroll. The payroll summary must also reflect a county excess total. County excess is not to be reflected on the summary document.

To allow the counties time to reprogram, this provision does not go into effect until July 1, 1986. Until then, claiming instructions contained in All-County Letter (ACL) 85-03 remain in effect for AFDC-Family Group/Unemployed (AFDC-FG/U).

If the county is currently making payments that include county excess amounts not reimbursable from federal and/or state funds for the AFDC-Foster Care (AFDC-FC) program and/or the Emergency Assistance-Foster Care (EA-FC) program, and if the excess amounts are reflected on the summary documents, the following instructions apply until July 1, 1986:

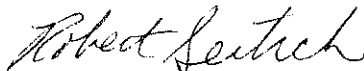
CA 800 FC (Fed) (10/85) and SOC 800 (10/85)

On Line 18, enter the amount of county excess in Columns C, D, and E; Federal, State, and County Funds respectively. Examples: County excess paid - \$2,000.00. Fifty percent federal share x \$2,000.00 = \$1,000.00. Ninety-five percent of the remaining state share x \$1,000.00 = \$950.00. The amount of \$1,950.00 is the county excess to be subtracted from federal and state shares and added to county share. Subtract Line 18 from Line 17, Columns C and D. Add Column E, Lines 17 and 18. Enter a new Grand Total on Line 19.

CA 800 A FC (Nonfed) (10/85)

On Line 16, enter the appropriate county excess amounts in Columns C and D; State and County Funds respectively. Subtract Line 16, Column C from Line 15. Add Line 16, Column D and Line 15, Column D. Enter a new Grand Total on Line 17.

Any questions in regard to this letter should be directed to Cheryl Woolman at (916) 323-0282.



ROBERT T. SERTICH
Deputy Director
Administration

Attachment

cc: CWDA

SUMMARY REPORT OF ASSISTANCE EXPENDITURES -

For State Use

☐ DSS☐ County Welfare☐ County Auditor

FEDERAL CHILDREN IN FOSTER CARE

(Instructions on Reverse Side of Form)

COUNTY

DATE (MONTH, YEAR)

PERSONS COUNT		B. AMOUNTS		SOURCE DOCUMENTS			
				1. Main Payroll			
				2. Current Month Supplemental Payroll			
()	()			3. Current Month Cancellation Contra Roll			
				5. Prior Months Supplemental Payroll			
				6. Subtotal (reconciliation totals)			
()	()			7. Prior Months Cancellation Contra Roll			
()	()			8. Abatements			
				9. Schedule of Adjustments (show minus items in parentheses)			
				10. Subtotals (Lines 7, 8, 9)			
				11. DSS Office Audit Corrections (for state use only)			
		225,210		12. TOTAL			
		13. Amount not Reimbursable from Federal Funds.					
		14. Amount not Reimbursable from State Funds.					
				C FEDERAL (Line 12B minus Line 13A) x .5	D STATE (Line 12B minus Line 15A minus Line 15C) x .95	E COUNTY (Line 12B minus Line 15C minus Line 15D)	
15. Line 14A x .5				112,605	106,975	5,630	15.
B.							
REPAYMENTS		()		()	()	()	16.
GRAND TOTALS		225,210	112,605	106,975	5,630		17.
		(Lines 12B and 16B)	(Lines 15C and 16C)	(Lines 15D and 16D)	(Lines 15E and 16E)		
County excess			<1,000>	<950>	1,950		18.
Grand Total		225,210	111,605	106,025	7,580		19.
FUNERAL COSTS (11-405.2)							20.
(FOR COUNTY USE)							21.
PERS. CTS.							22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and settlements reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE